

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <u>09/681644</u>	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	<i>Canceled</i>						51		
2	(1)						52		
3	(1)						53		
4	(1)						54		
5	(1)						55		
6	(1)						56		
7	1						57		
8	1						58		
9	1						59		
10	1						60		
11	1						61		
12	1						62		
13	1						63		
14	1						64		
15	1						65		
16	<i>Canceled</i>						66		
17	(1)						67		
18	(1)						68		
19	(1)						69		
20	(1)						70		
21	(1)						71		
22	(1)						72		
23	1						73		
24	1						74		
25	1						75		
26	1						76		
27	1						77		
28	1						78		
29	1						79		
30	1						80		
31	<i>Canceled</i>						81		
32	(1)						82		
33	(1)						83		
34	(1)						84		
35	(1)						85		
36	(1)						86		
37	(1)						87		
38	(1)						88		
39	1						89		
40	1						90		
41	1						91		
42	1						92		
43	1						93		
44	1						94		
45	1						95		
46	1						96		
47	1						97		
48	(1)						98		
49	(1)						99		
50	1						100		
TOTAL IND.	2						TOTAL IND.		
TOTAL DEP.	39		↓	↓	↓		TOTAL DEP.		
TOTAL CLAIMS	41						TOTAL CLAIMS		

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS